

TRAVEL EXPENSE CLAIM

[See Instructions and *Privacy](#)

Statement On Reverse Side

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ELECTRONIC STD. 262 (REV. 04/95)

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Matthew R. Bettenhausen		California Emergency Management Ac

POSITION	CB/D NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Acting Secretary	E99	Executive	

RESIDENCE*	HEADQUARTERS ADDRESS 3650 Schriever Ave.	TELEPHONE NUMBER 916-324-8908
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CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
C	CA		Mather	CA	95655

(1) MONTH/YEAR July 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY	
(2) DATE	TIME			BREAK- FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
2-Jul	7:15- 16:20	Sac to Burbank and return								\$ 9.00			\$ 9.00	
(10)										\$ 9.00			\$ 9.00	
SUBTOTALS										\$ 9.00			\$ 9.00	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$ 9.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

7/2: Attend So CA Catastrophic Plan kick off

(12) NORMAL WORK HOURS

9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

48.5¢/Mile

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California.

If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 0750-0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CI AIRWAYS 000000

DATE _____

DATE _____

DATE

(17) SIGNATURE AND TITLE _____ JR SPECIAL EXPENSES (See item 17 on reverse)